INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

| 1. Decedent's Legal Name (First, Middle, Last) | 774 | EU | OR No UUU | 0001945 | 39 | 2. Sex | State N | ne Of Death | 14.5- | 0.0 |
|---|--|--|--|---|---|---|---|--|--|--|
| | | | la. Maidon No | ino (iriomale) | | | la . | | 4. Date | e Of Death (Month/Day/Year |
| JIHA'D CYPRUS VASQUEZ 5. Social Security Number 6a. Age - Yrs | 6b. Under 1 Ye | ear 6c. Under 1 Monti | h 6d. Under 1 Day | 6e. Under 1 Hour | 7. Date | of Birth (Mont | | 1:50 PM 8 Birthplace (C | ity and Stat | 04/14/2011 e or Foreign Country) |
| 16 | Months | Days | Hours | Minutes | - | | | | | o or roreign country) |
| ,0 | Occurred In A I | | Thous | Minutes 10a. If Death Occ | urred Some | 06/21/19 where Other T | | DETROIT, | MI | |
| | 100 to 10 | cy Department Outpatien | at Dead on Arriva | ☐ Hospice Facilit | y \square D | ecedent's Hom | • | g Home/Long-te | rm Care Fa | cility REAR (|
| 11. Facility Name (If Not Institution, Give Street QUEENBORO STREET | and Number) | | | | | | | | | |
| 12. City Or Town, State, And Zip Code | | | | 13. County | Of Death | | | 14. Marital S | atus At Tim | ne Of Death |
| COLITH DEND IN ACCAA | | | | OT 100 | FDI | | | Married [| Married, | But Separated Divorce |
| SOUTH BEND, IN, 46614 15. Surviving Spouse's Name | | 15: | a. (If Wife)Give Maid | ST. JOS len Last Name | EPH | 16. Deceder | nt's Usual Occup | ☐ Widowed | | ver Married Unknown ad Of Business/Industry |
| | | | | | | | | | | |
| 18. Residence - State | 1 1 | Ba. County | | 18b. City Or To | | STUDEN | T | | EDUC | CATION |
| | | | | loo. Only of 10 | vvii | | | | | |
| INDIANA 18c. Street And Number | S | Г. JOSEPH | | SOUTH BE | ND | | 18d. Apt. No. | 10- 7: | 0.1 | 1 |
| | | | | | | | iou. Apr. No. | 18e. Zip | Code | 18f. Inside City Limits |
| | | | | | | | | 46 | 614 | ⊠ Yes □ No |
| 19. Decedent's Education | | 20. Decedent Of Hispa | inic Origin | 21. [| Decedent's | Race | | | | |
| 9TH - 12TH GRADE; NO DIPLO | MA | NOT HISPANIC |) | | | can Amer | ican | | | |
| 22. Father's Name (First, Middle, Last) | | | | 23. Mother's Name | (First, Midd | le, Last) | | 23a. | Mother's M | aiden Last Name |
| ANTONIO VASQUEZ JR | | | | STEPHANIE | F. JON | ES | | JON | FS | |
| 24. Informant's Name | | 24a, Relationship 1 | To Decedent | 24b. Mailing Addres | s (Street A | and Number, C | ity, State, Zip Co | | | |
| STEPHANIE F JONES | | MOTHER | | | | | SO | UTH BENE |), IN 46 | 614 |
| 25a. Method Of Disposition | 25h | Place Of Disposition (N | 25. Plane Of Cemetery C | ace Of Disposition | 250.10 | cation City 7 | Γown, And State | | | <i>*</i> |
| ☐ Burial ☑ Cremation ☐ Donation ☐ Ento | | ridge of Disposition (if | ame of outherery, o | rematory, Other Flace) | 230, 00 | callon - City, 1 | rown, And State | | | |
| Removal From State Other (Specify): | 1100 | ATT CDEMATO | NDV | | 10000 | TT 181 | | | | |
| | | ATT CREMATO | | | IVVYA | TT, IN | | | 27a Fu | neral Home License Numbe |
| ⊠ Yes □ No HAN | ILEY & SC | ONS FUNERAL | HOME INC. | SOUTH BEND |), 2342 | 1 STATE | ROAD 23, | SOUTH | | |
| 27b. Signature Of Indiana Funeral Service Licen: | ID. IN 466 | 14 | | | | | | er (Of Licensee) | FH88 | 800151 |
| JON K HANLEY , BY ELECTRO | NIC SIGN | | | | | FD | 01006332 | er (Or Licensee) | | |
| 28. Part I. Enter The <u>Chain Of Events</u> - Dis Such As Cardiac Arrest, Respiratory Arrest, A Line. Add Additinal Lines If Necessary. | eases, Injuries Or Ventricular | Or Complications - T | hat Directly Causer | e Instructions And The Death, Do Not v. Do Not Abbreviate. | Enter Terr | ninal Events | On | | s | Approximate Interval: Onset To Death |
| A Line. Add Additional Lines in Necessary. | | | | | | | | | | |
| Immediate Cause (Final Disease Or Conditi | on Resulting In | n Death) A. | ASPHYXIATION B | Y HANGING | | | | | | SECONDS |
| | | | ASPHYXIATION B | Y HANGING | Due to (Or As | s A Consequence O | ŋ: | | 2.0 | SECONDS |
| Sequentially List Conditions, If Any, Leadin | g To The Caus | se Listed On B. | ASPHYXIATION B | Y HANGING | | s A Consequence O | | | | SECONDS |
| | g To The Caus | se Listed On B. | ASPHYXIATION B | Y HANGING | Due to (Or As | s A Consequence O | 0 | | 2 - | SECONDS |
| Sequentially List Conditions, If Any, Leadin Line A. Enter The Underlying Cause (Disea | g To The Caus | se Listed On B. hat Initiated C. | ASPHYXIATION B | Y HANGING | Due to (Or As | | 0 | | | SECONDS |
| Sequentially List Conditions, If Any, Leadin Line A. Enter The Underlying Cause (Disea The Events Resulting In Death) Last | g To The Caus ise Or Injury Ti | se Listed On Bhat Initiated C | | . | Due to (Or As | s A Consequence O | ŋ. | | | |
| Sequentially List Conditions, If Any, Leadin Line A. Enter The Underlying Cause (Disea The Events Resulting In Death) Last | g To The Caus ise Or Injury Ti | se Listed On Bhat Initiated C | | . | Due to (Or As | s A Consequence O s A Consequence O An Autopsy Po | ŋ. erformed? | Yes | ⊠ No | o auth? |
| Sequentially List Conditions, If Any, Leadin Line A. Enter The Underlying Cause (Disea The Events Resulting In Death) Last Part II. Enter Other <u>Significant Conditions Contribu</u> | g To The Causse Or Injury Ti | se Listed On B | Underlying Cause Gir | vin In Part I | Due to (Or A: Due to (Or A: 29. Was 30. Were | s A Consequence O s A Consequence O An Autopsy Pro | ŋ. erformed? | Complete The C | | |
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| Sequentially List Conditions, If Any, Leadin Line A. Enter The Underlying Cause (Disea The Events Resulting In Death) Last Part II. Enter Other Significant Conditions Contributions 31. Did Tobacoo Use Contribute To Death? Yes Probably No Unknown 34. Date Of Injury (Month/Day/Year) | g To The Causse Or Injury Ti | se Listed On B. hat Initiated C. D. D. In the Initiated C. D. In the Initiated C. D. In the Initiate C. D. In the Initiate C. D. Initiate C. | Underlying Cause Gir Pregnant Al Time Of Death of 1 year Before Death 36. Pla | vin In Part I Not Pregnant, But Pregr Unknown If Pregnant W ce Of Injury (E.G., Dec | Due to (Or A: Due to (Or A: 29. Was 30. Were and Within 42 E thm The Past Y edent's Hor | s A Consequence O An Autopsy Pr A Autopsy Find Days Of Death | n erformed? ing Available To 33. Manner O Natural Suicide Suicide | Complete The Compl | Accident etermined | o eath? Yes No |
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| Sequentially List Conditions, If Any, Leadin Line A. Enter The Underlying Cause (Disea The Events Resulting In Death) Last Part II. Enter Other Significant Conditions Contributions 31. Did Tobacco Use Contribute To Death? Yes Probably No Unknown 34. Date Of Injury (Month/Day/Year) 04/14/2011 38. Location Of Injury - State NDIANA 39. Describe How Injury Occurred | g To The Cause Or Injury Tile Sout | se Listed On B. hat Initiated C. D. D. lut Not Resulting In The Initiate: regnant Within Past Year regnant 43 Days To be Of Injury 13:50 y Or Town | Underlying Cause Gir Pregnant At Time Of Dealh 1 year Before Death 36. Pla UTILI | Not Pregnant, But Pregn Unknown If Pregnant Wice Of Injury (E.G., Dec TY EASEMEN' treet & Number | Due to (Or A: Due to (Or A: 29. Was 30. Were and Within 42 E thin The Past Y edent's Hor | s A Consequence O An Autopsy Pro A Autopsy Find Days of Death Fear The Construction | erformed? ing Available To 33. Manner O Natural Suicide on Site, Restaur | Complete The Complete The Complete The Complete The Could Not Be Doant, Wooded Are | Accident etermined 3 | Pending Investigation To Injury At Work? Yes No 85. Injury Code |
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